

ORDER FORM

DATE ORDERED: _____

BILL TO

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

SHIP TO

SHIP VIA: _____

FOB DESTINATION: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

PAYMENT

CHECK

AMOUNT ENCLOSED: _____

CREDIT CARD   

TYPE: _____

NUMBER: _____

EXPIRATION DATE: _____

ON ACCOUNT

NUMBER: _____

C.O.D.

TAX EXEMPT

NUMBER: _____

PURCHASE NUMBER: _____

WILL YOU ACCEPT SUBSTITUTIONS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WILL YOU ACCEPT BACK ORDERS?	<input type="checkbox"/>	<input type="checkbox"/>

ITEM NO.	DESCRIPTION	*SIZE	QUANTITY	UNIT COST	TOTAL

ORDERED BY _____

SPECIAL INSTRUCTIONS:

SUBTOTAL

Shipping Charges

Handling Charges

Insurance

Tax

TOTAL DUE

FREE